

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09766945

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	28
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	28 minus 20= * 8
INDEPENDENT CLAIMS	7 minus 3 = * 4
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	Fee
BASIC FEE	355.00
OR	BASIC FEE 710.00
X\$ 9=	<input type="checkbox"/>
OR	X\$18= 144
X40=	<input type="checkbox"/>
OR	X80= 320
+135=	<input type="checkbox"/>
OR	+270= <input type="checkbox"/>
TOTAL	1174

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
OR	X\$18= <input type="checkbox"/>
X40=	<input type="checkbox"/>
OR	X80= <input type="checkbox"/>
+135=	<input type="checkbox"/>
OR	+270= <input type="checkbox"/>
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
OR	X80= <input type="checkbox"/>	X80=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	OR	+270= <input type="checkbox"/>
+135=	<input type="checkbox"/>	OR	+270= <input type="checkbox"/>
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
OR	X80= <input type="checkbox"/>	X80=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	OR	+270= <input type="checkbox"/>
+135=	<input type="checkbox"/>	OR	+270= <input type="checkbox"/>
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 1, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.